



REGISTERED NURSE EDUCATION LOAN REPAYMENT PROGRAM INSTRUCTIONS

PROGRAM DESCRIPTION

The Registered Nurse Education Loan Repayment Program is one component of the Registered Nurse Education Program whose goal is to increase the number of baccalaureate of science degree nurses practicing in medically underserved areas of California. Loan repayment applications are accepted biannually. This program allows for repayment of up to \$8,000 in educational debt incurred during baccalaureate degree nursing education. The \$8,000 requires a two-year commitment to practice in a medically underserved area. Recipients can reapply once their initial two-year obligation is completed for a total of \$19,000 in loan repayment. Loan repayment assistance is available to registered nurses who are currently employed or who have a tentative offer of full-time employment in a medically underserved area.

Detailed information about medically underserved areas and facilities in California can be found on the HPEF website at:
www.healthprofessions.ca.gov.

The Registered Nurse Education Loan Repayment Program is authorized to repay governmental and commercial loans that were obtained for tuition expenses, books, equipment and reasonable living expenses associated with attending a BSN program. In return for the loan repayment award, recipients are required to practice full-time in direct patient care in a designated medically underserved area of California for a minimum of two years.

The program is funded through a \$5 license renewal surcharge for registered nurses.

ELIGIBILITY REQUIREMENTS

The applicant must meet the following requirements:

- ❖ Be a U.S. citizen or a permanent resident and a California resident.
- ❖ Work a minimum of 32 hours per week in a medically underserved area of California for at least two consecutive years.
- ❖ Agree to practice as a registered nurse in direct patient care for at least two years in a medically underserved area in California.

**ELIGIBILITY
REQUIREMENTS
(CONTINUED)**

- ❖ Submit completed application packet, plus two photocopies of the entire completed application packet, by the final filing date.

**APPLICATION
REQUIREMENTS**

The applicant must submit the completed application packet, **plus two photocopies of the entire completed application packet**, by the due date. The completed application packet consists of the following:

- ❖ The attached "Health Professions Education Foundation Registered Nurse Education Loan Repayment Program Application". Personal statements or autobiographies will not be accepted in lieu of the application. Please do not bind or submit applications in a loose-leaf binder.
- ❖ Two letters of recommendation. It is recommended that at least one letter be from a faculty person. The letters must be on letterhead, dated and signed within six months of the final filing date and must include a phone number for verification.
- ❖ Documentation of outstanding governmental student loans obtained during BSN program.
- ❖ Employment Verification Form (page 2 of the application), with **original signature**.
- ❖ Official college transcripts with BSN degree posted unless the applicant has not graduated. Applicants, who will not graduate before the application deadline, must submit BSN transcripts available to date.
- ❖ Complete 2001 Federal tax return along with W-2s and/or 1099s. State tax returns are not required and will not be accepted in lieu of federal tax returns.

Applications that do not include documentation of community service will be accepted; however, absence of the information will reduce the likelihood of selection for loan repayment.

**APPLICATION
FILING
DEADLINES:
MARCH 27, 2002 &
SEPTEMBER 11,
2002**

Only complete applications will be evaluated. The Foundation will not notify applicants of any deficiencies. Applicants are urged to contact the Foundation office at least 10 days prior to the final filing date to verify whether their application was received complete and accurate.

SELECTION

Selection of loan repayment recipients is based solely on information

CRITERIA

contained in the application packet. Therefore, applicants should provide specific responses to the questions. The criteria used in determining the award of loan repayment are the applicant's:

- ❖ Background---family structure, area(s) grew up in (rural, urban, medically underserved), socioeconomic status, achievements, challenges;
- ❖ Community Involvement---documented volunteer service and activities particularly in medically underserved areas;
- ❖ Work Experience---nursing and non-nursing work experience in medically underserved areas;
- ❖ Career Goals---professional goals and plans for the next five to ten years;
- ❖ Needs of the state for registered nurses; and
- ❖ Financial Need---actual or potential difficulty in repayment of educational debt.

Due to limited funding, any recipients who breach their contract with the Foundation will not be allowed to apply for additional funding.

NOTIFICATION OF LOAN REPAYMENT AWARDS

Applicants will be notified in writing within 8 weeks of the final filing date of the decision on his/her application.

CONDITIONS FOR GRANTING LOAN REPAYMENT

Loan repayment recipients must sign a contract with the California Office of Statewide Health Planning and Development. The contract requires the recipient to practice full-time direct patient care nursing in a medically underserved area of California for at least two consecutive years. Recipients are required to repay the loan repayment plus interest if the contract terms are not fulfilled.

Direct patient care means the provision of health care services directly to individuals treated for, or suspected of having a physical or mental illness. Direct patient care includes preventive care. The first line of supervision of direct care shall also be considered direct patient care.

CONDITIONS FOR A **medically underserved area** (MUA) or medically underserved

**GRANTING
LOAN
REPAYMENT
(CONTINUED)**

population (MUP) means a facility or population meeting the specific criteria as set forth by the State of California, Office of Statewide Health Planning and Development and/or the U.S. Department of Health and Human Services.

REMINDER

The applicant is urged to contact the Foundation office at (916) 653-0860 or (800) 773-1669 at least 10 days prior to the final filing date to verify whether his/her application was received complete and accurate. The Foundation will not place calls to request additional information or clarify any information provided.